(b) The health indicators of the urban poor have shown marginal improvement as is evident from the comparison table below:

Few important health Indicators	NFHS-II data for urban poor	NFHS-III data for urban poor	NFHS-III data for overall rural population
Infant mortality	69.8	54.6	62.1
Children completely immunized (%)	40.3	39.9	38.6
Births in health facilities (%)	43.5	44.0	28.9
Mothers who had at least 3 antenatal care visits (%)	49.6	54.3	43.7

(c) NFHS provides information on health indicators for urban area as a whole and does not give disaggregated health indicators specifically for urban poor.

However, MOHFW with the support of UHRC has tried to reanalyze the NFHS data to draw statistics about urban poor in India. According to reanalyzed NFHS-III data (based on wealth index) the percentage of underweight, *i.e.* malnourished children under 3 years of age among urban poor is 44.3% and average for rural area is 43.8%.

(d) There is no delay. NUHM is under active consideration.

Fall in Infant Mortality Rate

1632. SHRI HARISH RAWAT:

SHRI SANTOSH BAGRODIA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

whether 2006 saw a significant fall in Infants Mortality Rate;

if so, how far the IMR declined year to year during each year of the Tenth Five Year plan; and

the special steps taken to contain and bring down the IMR during these years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) In India, as per the Sample Registration System (SRS) data from the office of the Registrar General of India, Infant Mortality Rate was 58 per thousand live births in 2005 and 57 per thousand live births in 2006.

Information regarding decline of IMR given in the Statement *{see* below).

Action is being taken by the Union Government to bring down the infant mortality rate in the country. A major initiative is implementation of the Integrated Management of Neonatal and Childhood Illnesses (IMNCI) strategy, which adopts a holistic approach to the management of the commonest causes of neonatal and childhood mortality — sepsis, acute respiratory infections, diarrhea, measles and malaria, all compounded by malnutrition. IMNCI shall be implemented throughout the country in a phased manner.

In addition, thrust is being given to ensure institutional deliveries and train health personnel on essential newborn care so that skilled attendance at birth is available and all newborns receive specialized care. Efforts to deliver new born care, both facility based as well as home based, are being made. Micronutrient supplementation with Vitamin A, Iron Folic Acid and Zinc, Infant and Young Child Nutrition are being stressed. Immunization is one of the major thrust areas of the ongoing Reproductive and Child Health Programme.

The National Rural Health Mission, launched in April, 2005 for a period of 7 years (2005 to 2012) is an overarching initiative with a holistic approach which provides multiple strategic additionalities, like provision for health infrastructure upgradation and a health care worker for every 1000 population, among others and has envisaged reduction in infant mortality and neonatal mortality as one of the prime goals to be achieved.

Statement

Infant Mortality Rate (1MR)

SI. No. 1	States	2002	2003	2004	2005	2006
	ALL INDIA	63	60	58	58	57
1	Andhra Pradesh	62	59	59	57	56
2	Assam	70	67	66	68	67
3	Bihar	61	60	61	61	60
4	Chhattisgarh	73	70	60	63	61
5	Gujarat	60	57	53	54	53
6	Haryana	62	59	61	60	57
7	Jharkhand	51	51	49	50	49
8	Karnataka	55	52	49	50	48
9	Kerala	10	11	12	14	15
10	Madhya Pradesh	85	82	79	76	74
11	Maharashtra	45	42	36	36	35
12	Orissa	87	83	77	75	73
13	Punjab	51	49	45	44	44
14	Rajasthan	78	75	67	68	67
15	Tamil Nadu	44	43	41	37	37
16	Uttar Pradesh	80	76	72	73	71
17	West Bengal	49	46	40	38	38
18	Arunachal Pradesh	37	34	38	37	40
19	Delhi	30	28	32	35	37
20	Goa	17	16	17	16	15
21	Himachal Pradesh	52	49	51	49	50
22	J&K	45	44	49	50	52
23	Manipur	14	16	14	13	11

1	2	3	4	5	6	7
24	Meghalaya	61	57	54	49	53
25	Mizoram	14	16	19	20	25
26	Nagaland	NA	NA	17	18	20
27	Sikkim	34	33	32	30	33
28	Tripura	34	32	32	31	36
29	Uttaranchal	41	41	42	42	43
30	A & N Islands	15	18	19	27	31
31	Chandigarh	21	19	21	19	23
32	D & N Haveli	56	54	48	42	35
33	Daman & Diu	42	39	37	28	28
34	Lakshadweep	25	26	30	22	25
35	Pondicherry	22	24	24	28	28

SOURCE : Sample Registration System, Registrar General, India.

Female sex ratio

1633. SHRI PENUMALLI MADHU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

whether Government is aware of the fall in the female sex ratio;

the steps contemplated by Government such as campaigns, movements and other propaganda programmes to spread awareness among the people against female foeticide; and

what is the outcome of Government's efforts during last three years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) The Sex Ratio (SR) (number of females per thousand males) has increased from 927 to 933 from 1991 to 2001. However, the Child Sex Ratio (CSR) has declined from 945 to 927 during the same period.

Some of the reasons commonly put forward to explain the consistently low levels of sex ratio are son preference, neglect of the girl child resulting in higher mortality at younger age, female infanticide, female foeticide, higher maternal mortality and male bias in enumeration of population. Easy availability of the sex determination tests may also be proving to be catalyst in the process, which may be further stimulated by pre-conception sex selection facilities.

The Government has taken action on strengthening the Pre-Conception and Pre-Natal Diagnostic Techniques Act (PC and PNDT Act) as well as creating awareness on the issue through various IEC mechanisms. Some of the steps taken by the Government to improve the Child Sex Ratio in the Country are constitution of the Central Supervisory Board under the Chairmanship of Union Minister of Health and Family Welfare, whose function, *inter alia,* is to review and monitor implementation of the Act and rules made thereunder and recommend to the Central Government changes in the said Act and rules and to create public awareness against the practice of pre-conception sex selection and pre-natal determination of sex of foetus leading to female foeticide; constitution of the National Inspection and